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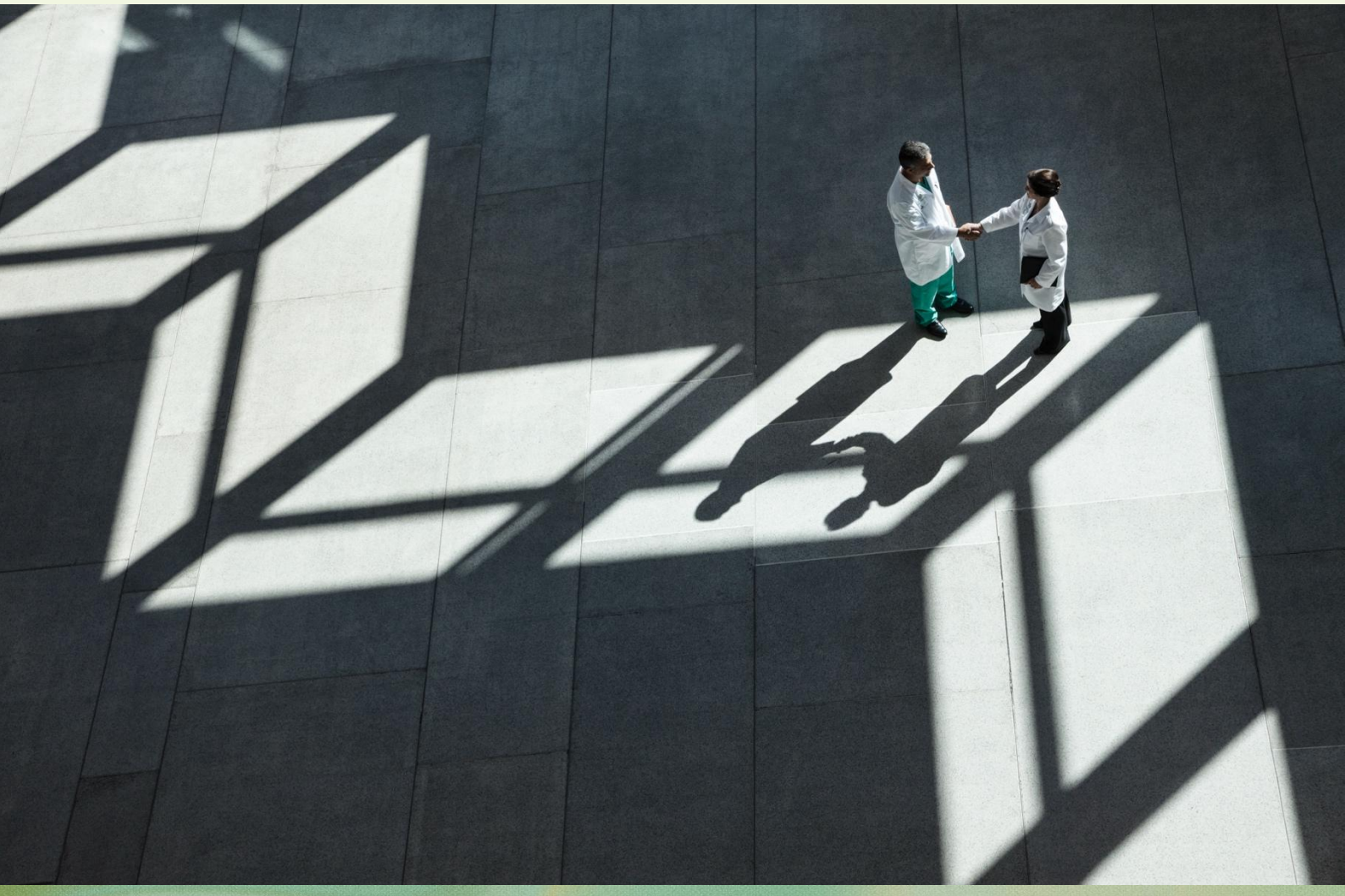
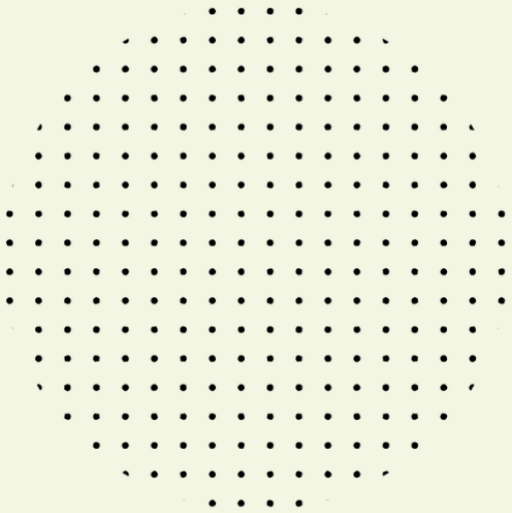
Conducting Physician Market Research in Japan

A Comprehensive Guide for International Teams





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Conducting Physician Market Research in Japan:

1. Recruitment Challenges and Differences

Hospital Classifications (Japan vs. US): Japan's healthcare facilities are categorized differently from those in the US. In Japan, any facility with 20 or more beds is legally a "hospital," while those with 19 or fewer beds (or none) are "clinics". This means many solo or small-group physician offices (even specialist practices) are called *clinics*. Hospitals in Japan can further be classified by ownership: national government hospitals, public prefectural/municipal hospitals, corporate or social insurance hospitals, and private hospitals or clinics. Notably, the majority of Japanese hospitals are private (run by medical corporations or individuals), which is a contrast to some Western countries where public hospitals dominate. For example, **university hospitals** in Japan are major teaching institutions (national or private) similar to U.S. academic medical centers, **public hospitals** are run by local governments (analogous to county or VA hospitals in the US), and **private clinics** are the innumerable small practices providing outpatient care in the community. When recruiting, be aware of these distinctions – a "community hospital doctor" in the US might translate to a *public general hospital* physician in Japan, whereas an independent specialist could be found in a private clinic. Tailor your screening criteria to Japan's structure (e.g. include clinic physicians if targeting outpatient specialists, and differentiate university hospital staff vs. others as needed).

Physician Demographics: The physician workforce in Japan has a different gender and age profile than in the US. Women are underrepresented among doctors in Japan – as of 2022 only about **23–24%** of physicians in Japan are female. (This is gradually rising from just ~20% in 2014 and **21.1%** in 2016, but remains the lowest female share among OECD countries.) By comparison, in the United States roughly one-third of physicians are female. This skewed gender distribution means certain specialties (especially surgery and senior academic posts) are predominantly male. Age-wise, Japan's doctors on average tend to be older (owing to a rapidly aging population of practitioners and a historically limited intake of medical students). These demographic factors can impact recruitment – for instance, younger female doctors might be more concentrated in certain fields (pediatrics, dermatology, etc.), and older male doctors might have different communication styles or schedule constraints (some continue working in their late 60s or beyond). Recognizing these patterns can help in designing quotas or understanding responses (e.g. a younger doctor might be more comfortable with online research technology, whereas a senior doctor might prefer phone or face-to-face with formal introductions).

Cultural Sensitivities in Recruitment: Successfully recruiting Japanese physicians requires navigating several unique cultural and practical considerations:

- **Incentives and Payment Ethics:** Compensation for research participation must be modest and within ethical guidelines. Japan's pharmaceutical industry code (JPMA's Fair Competition Code) allows honoraria to healthcare professionals for market research **only if it is reasonable and not promotional**. Excessive payments or lavish gifts are not only frowned upon but potentially non-compliant. For example, taking a doctor to an expensive dinner or offering entertainment (like golf or karaoke outings) as an incentive is prohibited by industry rules. In practice, Japanese physicians expect an honorarium that reflects fair market value for their time – e.g. a set fee for a 60-minute interview – and anything beyond that (or any hint of impropriety) may make them uncomfortable. Unlike in the US where honoraria can sometimes be quite high for specialists, in Japan there is a strong sensitivity to not appear as "paying for influence." Always adhere to the local incentive limits (often guided by JPMA or MHLW recommendations) and be transparent about the time commitment. **Real-world example:** If a US client is used to offering $500 for an interview with a specialist, a Japanese doctor might find that amount surprisingly high; it would be wiser to check local norms (for instance, an honorarium of around ¥30,000–¥50,000 might be typical for an hour, depending on specialty seniority – ensure this aligns with current fair market value standards).

- **Schedule Constraints:** Japanese physicians are extremely busy and typically have **less flexibility during working hours**. Hospital doctors often start early morning and work until late evening (sometimes with overnight duties), and even clinic doctors see a high volume of patients daily. Thus, they generally prefer interviews **outside regular working hours** – usually after 7 PM on weekdays or on weekends. It's common to conduct research sessions late in the evening in Japan. You may only be able to schedule 1–2 interviews per physician per evening (for example, one at 8 PM and another at 9 PM) to avoid running too late. Lunchtime interviews, which might be feasible in the US, are less common in Japan as many doctors do not have a long midday break or they use it for administrative work. **Scheduling tip:** Be prepared to accommodate Japan Standard Time evenings (which might mean early morning for your team in the US/Europe). And once an appointment is set, avoid rescheduling or canceling – in Japanese business culture, **last-minute cancellation is seen as extremely disrespectful**. If an unforeseen cancellation does happen (on your end), it's customary to still pay the honorarium to the physician as a

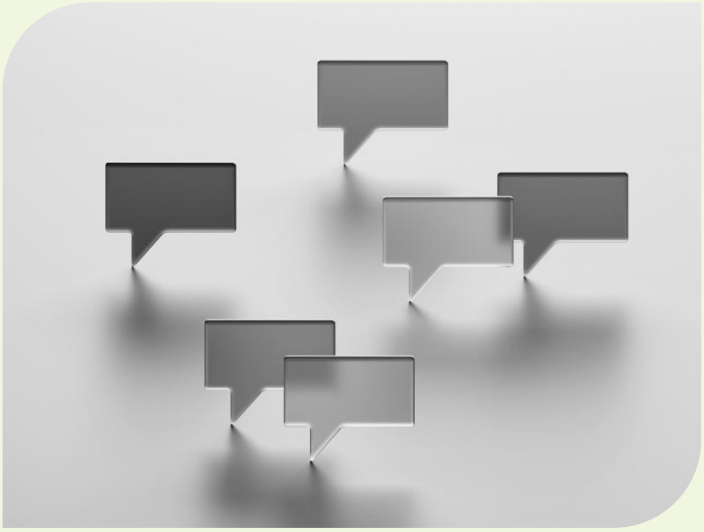
courtesy, to maintain goodwill for future research. This level of respect for the physician's time is crucial in Japan.

- **Hierarchy and Collegial Relationships:** Medical culture in Japan is hierarchical. Senior physicians (professors, department heads) command great respect, and junior doctors may defer to their opinions. This can affect recruitment in two ways. First, **focus groups or group interviews are generally not recommended** with mixed-rank participants. In a group setting, respondents might not voice opinions that contradict the most senior or most prestigious person in the room. For example, if one participant is from the top university hospital in the country, others may feel pressured to echo that individual's views. As one market research expert notes, in a focus group the physician who graduated from the "best" university or holds the highest status will inadvertently **influence others' responses**, even if the moderator tries to prevent it. To avoid bias, **one-on-one interviews are preferred** so that each doctor can speak freely. Second, hierarchy means access might sometimes require tact – for instance, to recruit a busy professor, working through their secretary or providing a formal written invitation may yield better results than a cold call. Similarly, younger physicians might only participate if they feel their institution or seniors would approve. Using professional recruiters who know how to approach hospitals and navigate these networks is invaluable. If group research **must** be done, consider grouping physicians of similar seniority and from different institutions, and still be aware that cultural politeness may lead to more reserved answers than in Western group dynamics.

- **Language and Communication:** While many Japanese doctors can read English medical literature, **conducting the research in Japanese is usually essential**. Only a minority are truly comfortable speaking English in a nuanced interview setting. If a client insists on English interviews, you will drastically shrink your pool of willing participants and likely end up with atypical respondents (e.g. internationally trained or younger physicians). To maximize participation and data quality, allow physicians to speak in their **native language** . This means having discussion guides translated into Japanese and either using a bilingual moderator or simultaneous interpretation for your team. Japanese physicians will appreciate the chance to express themselves in Japanese – it leads to richer and more candid insights than if they are struggling to find English words. Even written surveys should be in Japanese unless targeting a very specific English-speaking subset. Communication style is also formal; when recruiting or corresponding, use proper titles (e.g., "Dr. Sato" or **"Sato-sensei"** as is respectful in Japan) and polite language.

Many physicians, especially older ones, will expect that level of formality in emails or calls inviting them to research.

Leverage Local Medical Recruiters: Given the above challenges, partnering with specialized local recruiters or panel providers is critical. Japan has dedicated medical market research recruiters and panels (for example, the M3 Global Research panel, local fieldwork agencies, etc.) with deep networks of physicians. These recruiters understand how to identify the right doctors and how to approach them correctly. They also keep track of each physician's participation to avoid over-contacting the same doctors, and they know the **"dos and don'ts"** (e.g., which hospitals require special approval, which doctors prefer certain contact methods). A local recruiter can advise on feasibility – for instance, whether cardiologists in Japan would meet a certain patient volume criterion or if the incentive you plan to offer is appropriate. As one Japan market specialist emphasizes, it's usually best to **follow the advice of your on-the-ground partner** regarding recruiting methods, incentive levels, and interview logistics. Their experience will save you time and prevent cultural missteps. In summary, **do not attempt to recruit Japanese physicians from abroad in the same way you might in the US** – use local expertise. It not only improves response rates but also ensures compliance with Japanese norms. Real-world example: An international firm once struggled to get Japanese oncologists to sign up for a study via an English online form; when a local recruiter stepped in to personally call each target doctor in Japanese and explain the study (and offered a culturally appropriate honorarium), participation surged. The investment in a local recruiter will pay off with higher quality data and a smoother fieldwork process.



2. Ethical and Regulatory Considerations

Conducting physician research in Japan requires careful attention to ethics and regulations, which may differ from Western practices:

Incentive Compliance: Payments to healthcare professionals (HCPs) for market research must comply with Japanese guidelines to avoid any perception of undue influence. The Japan Pharmaceutical Manufacturers Association (JPMA) and Japan Fair Trade Council have established a **Fair Competition Code** that delineates what is acceptable. According to this code, it is permitted to pay HCPs for bona fide market research **only if the compensation is reasonable and reflects fair market value for their time**, and is not tied to promoting a specific drug. In practical terms, this means honoraria should be commensurate with the physician's specialty and the length/format of the research (e.g., a one-hour interview vs. a 15-minute survey) and should generally align with standard rates that local recruiters use. Companies should document that the payment is for research services rendered, not a gift or promotional payment.

Japan also has strict rules about gifts and hospitality for physicians. **What might be acceptable in the US could be prohibited in Japan.** For example, pharmaceutical reps or research sponsors in the US sometimes provide meals or sponsor fancy outings; in Japan, the **hospitality guidelines** under the Fair Competition Code explicitly limit such activities. There are caps on meal costs and bans on certain entertainment – **golf games, luxury dinners, karaoke parties, or lavish travel are not allowed** as they can be seen as inappropriate inducements. Even small tokens must be modest (for instance, a pen or notebook might be okay, but an expensive wine bottle would not be). When planning market research, generally you will only be providing a cash honorarium or bank transfer as incentive – avoid any extravagant gestures. Also be aware that many Japanese physicians (especially those in public or university hospitals) have to follow internal compliance rules; some may even need to report externally-earned honoraria above a threshold. All the more reason to keep payments reasonable and within guideline limits.

Privacy and Data Protection: Japanese privacy law (the Act on Protection of Personal Information, APPI) is robust. When handling physicians' personal data (contact information, recorded interview data, etc.), you need to ensure confidentiality and proper use. In screening or signup, collect only what is necessary. If you're sharing physician data with the client team abroad, consider anonymizing it. The Japan Medical Marketing Research Association has guidelines on handling personal information in market research – essentially, obtain consent for how data will be used and don't disclose identities without permission. Fortunately, physician research usually focuses

on professional opinions and is anonymized in reporting, so this is manageable. Just remember to inform participants that their responses will be kept confidential and reported in aggregate, and follow any required data storage precautions (e.g., secure servers, data deletion after use, etc.).

Discouraged Practices (Japan vs. US): Certain recruitment or research practices that might be routine elsewhere can raise eyebrows in Japan. For instance, cold-calling a doctor's office repeatedly or trying to recruit by walking into a clinic unannounced would be highly ineffective and seen as intrusive (in Japan, introductions and prior appointments matter). Another example: In the US, one might invite a group of doctors to a dinner focus group at a nice restaurant. In Japan, **dinner focus groups are rare** – physicians might attend a sponsored lecture with a bento provided, but for market research, they'd prefer a private setting and direct compensation rather than a social meal (and many will not drink alcohol or relax until business is done). Also, be careful with *written* surveys that in the US could be done via email or portals – Japanese doctors get a lot of paper and email, and unsolicited requests often go unanswered unless coming through a trusted channel. Using a known local physician network (such as a web panel that many Japanese doctors already subscribe to) yields better engagement than sending out mass email invitations from an unknown foreign entity.

It's also worth noting that **overtly "salesy" or aggressive questioning is a no-go**. Japanese physicians, like Japanese consumers, respond poorly to anything that feels like a hard sell or pushes them beyond their comfort zone in a research context. If your US discussion guide has very direct questions (e.g., "Would you prescribe Drug X over your usual therapy if we told you it had Y benefit?"), you might need to soften the tone in Japanese translation. A more acceptable phrasing might be, "How do you think Drug X, with its stated benefit of Y, would fit into your treatment approach?" – allowing the doctor to answer in a more narrative way rather than feeling cornered to make a yes/no value judgment. Maintaining a respectful tone in questioning is both culturally appropriate and will get you more honest answers.

IRB/Ethics Review: Traditional market research (surveys, interviews for internal business use) in Japan typically does **not require Institutional Review Board (IRB) or ethics committee approval**, unlike clinical trials or academic research. However, there are scenarios where you should seek an ethics review or at least informed consent akin to academic standards. If your research involves any intervention or experiment (e.g., asking physicians to test a device with patients, or collect patient data), or if it will be published publicly, then Japanese medical institutions may insist on an IRB review. For example, a study surveying physicians about *patient outcomes* or involving a review of patient records would likely need hospital ethics clearance. Also, some university

hospitals have policies that any survey or interview of their staff that relates to patient care or hospital practices be cleared by their internal review.

Key point: When in doubt, consult with a local ethical review board or the hospital administration where physicians work to see if an approval is needed. At minimum, ensure each physician participant is fully informed about the purpose of the research, how their data will be used, and that their participation is voluntary. Gaining explicit consent (written or at least recorded verbal) is a good practice, and if any physician requests it, be ready to provide them a summary of the research sponsor and how their input will be used. Being transparent and ethical not only avoids trouble but also builds trust – many Japanese doctors will appreciate the formality of an informed consent process, even if not strictly required by law for market research.

Finally, be aware of **transparency reporting** obligations. Pharmaceutical companies in Japan have self-regulatory codes that require public disclosure of payments to healthcare professionals for clinical trials, lectures, and sometimes market research if it's considered "research cooperation." If your project is sponsored by a pharma client, check if they will need to report the honoraria paid to physicians (usually listed on their website by physician name and amount in an annual report). This is another reason all payments must be above-board. While this level of transparency is routine, foreign teams should make sure they aren't putting a doctor in a compromising position with an overly generous incentive that will later appear on a public report – keep it reasonable. In summary, **follow Japanese guidelines to the letter**: modest incentives, no extravagant perks, clear consent, and respect for privacy. If you do, you'll earn the trust of participants and steer clear of compliance issues.

3. Interviewing Japanese Physicians

Once you've successfully recruited Japanese doctors for your study, the next challenge is effectively interviewing them to obtain deep insights. Japanese physicians may communicate differently than their Western counterparts, owing to cultural and professional norms. Here's what to expect and best practices for moderators:

Communication Style – Formal and Reserved: In general, Japanese doctors maintain a polite and somewhat formal demeanor during interviews. They may not be as verbose or openly opinionated as, say, an American physician who is used to freely speculating or debating topics. In Japanese culture, direct confrontation or strong disagreement is avoided in professional settings – this extends to research interviews, where a doctor might soften any criticism or hesitant opinion. For example, rather than saying "This drug is ineffective for my patients," a Japanese doctor might say "In some cases, it would be **difficult** to use that drug" – a polite way of expressing skepticism. Moderators need to **"read the air"** (as the Japanese saying goes) or *read between the lines*. Pay attention to subtle cues: hesitation, tone of voice, or indirect phrases can carry important meaning. A participant might pause and say, "Hmm, that's a little challenging…" which is likely a gentle negative response. Being attuned to these subtleties is crucial for getting the real sentiment. In fact, Japan is considered a high-context culture where much is communicated implicitly. If the interviewer is not Japanese, it is highly recommended to have a local co-moderator or interpreter who can catch nuances and body language that an outsider might miss.

Less Willingness to Speculate: Japanese physicians tend to stick to factual statements and known data. If asked hypothetical questions (for example, "How *might* you treat a future scenario X?"), they could be hesitant to guess without evidence. They often reference established guidelines or protocols in their answers ("According to the guideline, we would do Y"). This stems from a medical culture that values consensus and proven approaches. Don't be discouraged if early in the interview a doctor's answers are short or simply state current practice – they aren't being evasive; they may be waiting for more specific prompts or feel that giving "textbook" answers is the correct professional behavior. To get deeper insights, the moderator should use gentle probing and clarifying questions. Instead of immediately asking "Why?" (which can seem confrontational in Japanese), it can be effective to ask, "Could you tell me more about your thought process in that case?" or "What factors would you consider in that situation?" Once trust is built, many physicians will share personal opinions or experiences, but **expect to initiate that depth with good follow-up questions**. Also, don't interpret a polite agreement ("Yes, I see" or "That's true") as wholehearted endorsement – sometimes "yes" in Japanese just means "I acknowledge what you said."

They might be acknowledging a question rather than agreeing with it. It's wise to double-check interpretations of agreement or disagreement by rephrasing: e.g., "So, if I understood correctly, you would not prescribe Drug A for condition B, is that right?" This gives them a chance to confirm or clarify.

Encouraging Openness: To get Japanese doctors to open up, the interview environment must feel **safe and respectful**. At the start of the interview, it helps for the moderator to explicitly state that *there are no right or wrong answers, and that the physician's honest opinions – even if critical – are valued*. Often Japanese respondents are concerned with answering in a "correct" or socially acceptable way. Giving them permission to speak freely and confidentially ("We won't attribute responses to you, we truly want your own perspective, even if it's different from others") can alleviate some of that formality. A skilled Japanese moderator will usually spend a few minutes in casual rapport-building chit-chat (e.g., politely asking about the doctor's city or weather, or lightly about their specialty) to set a comfortable tone. This "warm-up" is more important in Japan, where jumping straight into probing questions can feel too abrupt. **Build rapport and trust**, and you will be rewarded with more candid answers as the interview progresses.

Best Practices for Moderators/Interviewers:

- **Use a Japanese-Speaking Moderator:** Ideally, have a moderator who is a native Japanese speaker or fully bilingual. They will be able to navigate the language and cultural context far better than a foreign moderator working through interpretation. A local moderator can adjust the level of formality in language (honorifics, etc.) to match the interviewee – for example, using the appropriate polite form when addressing a senior physician, which earns respect. They also can tell when a respondent is uncomfortable or if a question needs rephrasing. If your team includes non-Japanese observers, use simultaneous translation so the interview can still be conducted in Japanese fluidly. Trying to conduct the interview in English (unless the doctor insists or is truly fluent) will likely result in simplistic answers and a strained conversation.

- **Prefer One-on-One Interviews:** As noted earlier, one-on-one interviews are the gold standard in Japan for physician research. In a one-on-one setting, the doctor is more likely to share honest critiques or "think out loud" without worrying about peer judgment. They also feel more *personally* engaged, which is important in Japan's culture of hospitality – the doctor is essentially your "guest" in the interview. Treat them with the courtesy you would a valued guest. If you must do a **focus group or roundtable**, keep the group small (3-4 participants), and ensure they are of similar status and perhaps from different regions to

minimize pre-existing hierarchy. The moderator should actively solicit each person's view ("Dr. A, how do you feel about this?") because in Japan, a more outspoken participant might otherwise dominate while others stay quiet rather than interrupt. Still, be prepared that a group of Japanese physicians may not debate each other – you might get polite sequential statements of opinion rather than interactive discussion. This is normal; the moderator can use techniques like posing a question to the group and then inviting one by one to speak. But overall, **individual in-depth interviews will yield deeper insights** without the social choreography that Japanese group settings require.

- **Formality and Titles:** Address physicians as "Doctor [LastName]" or "[LastName]-sensei." In Japan "sensei" (teacher/doctor) is the honorific used for physicians; using it shows respect. Do not jump to a first-name basis (which would be highly unusual in a professional context). Also, maintain a professional demeanor – a bit of formality goes a long way in establishing credibility. For instance, when starting the interview, a slight bow (if on video) or a verbal thanks for their time and stating your name/role is appreciated. These small courtesies set a respectful tone that will make the physician more comfortable opening up later.

- **Techniques to Dig Deeper:** Given the tendency to get brief or guideline-based answers at first, the interviewer should have a toolkit of probing techniques. Ask for examples: "Could you share an example or case that comes to mind?" – Japanese doctors often love discussing case studies (without patient names, of course) and this can lead them to reveal how they *actually* handled something versus how the guidelines say to handle it. Use open-ended prompts: "What factors do you personally consider when…?" or "How do you feel about…?" because it cues that their personal perspective is wanted, not just textbook knowledge. If a doctor seems reticent to give an opinion on a hypothetical, you can gently frame it as, "I know it's uncertain, but we're interested in your instinct or initial reaction, even if it might change later." Sometimes acknowledging the uncertainty gives them permission to speculate a bit more.

- **Active Listening and Clarification:** Show that you are listening by summarizing their points occasionally and asking if you got it right. Japanese interviewees appreciate an attentive listener. It also helps ensure you didn't misinterpret a nuanced point. For example, "So your main concern about introducing this new treatment is the lack of long-term data, is that correct?" This lets the physician affirm or refine your understanding. They might respond, "Yes, exactly," or, "Actually, it's not only long-term data but also the cost factor."

Now you've uncovered a deeper insight. This technique also overcomes the challenge that Japanese doctors might not volunteer a criticism unless asked – by paraphrasing their hint, you give them the chance to agree or elaborate.

- **Avoiding Loss of Face:** Be careful not to put the physician in a position where they feel embarrassed or unknowledgeable. If a doctor doesn't know something or hasn't done something, they might be too polite to say, "I don't know." They could give an ambiguous answer instead. If you suspect this, you can save face by moving on or offering that many others also haven't encountered that – basically not making them feel singled out. For instance, if your guide asked, "How often do you use biological agents in severe asthma?" and a clinic generalist responds vaguely, they might not treat severe asthma at all (those patients go to specialists). Realizing this, you could rephrase: "It might be rare in your practice – feel free to say if it's not something you do. We've heard from some GPs that they refer those cases out." This kind of reframing allows the doctor to comfortably say, "Yes, in my case I refer to a specialist for biologics." Maintaining the participant's dignity is paramount; if they feel comfortable, they will be more forthcoming.

- **Logistics During Interviews:** Whether the interview is in-person or virtual, plan for a smooth experience. If virtual, use platforms that are common in Japan (Zoom is widely used now; GoToMeeting or Microsoft Teams are also fine). Provide the link well ahead of time and perhaps a contact for tech support. As one expert pointed out, asking busy doctors to download unfamiliar software or deal with technical hassle is a "non-starter" – respondents should feel everything is taken care of for their convenience. If needed, conduct a quick tech check with them or have a help line. In-person interviews (if they resume post-pandemic) are often conducted at the doctor's office or a neutral meeting space. Be punctual and plan for a few minutes of settling in. Bringing a printed copy of any materials (like a concept or profile you want to show) in Japanese is wise; some doctors like to read tangible documents. And always end by sincerely thanking the physician and perhaps saying you learned a lot from their insights – this polite closure leaves a positive impression and makes them willing to help you again in the future.

By following these practices, moderators can overcome the initial formality and quietness and unlock a wealth of knowledge from Japanese physicians. Many foreign researchers are pleasantly surprised that once trust and rapport are established, Japanese doctors can be **extremely candid and insightful** – offering frank critiques of healthcare systems or treatments – in a polite manner. The key is creating the right environment for those insights to surface.

4. Japanese Medical System Characteristics

International researchers must understand key features of Japan's healthcare system, as these directly impact physician behavior and must inform your research design. Some major characteristics include the lack of a gatekeeper system, an organ-based specialty structure, and strong adherence to clinical guidelines (with minimal off-label practice):

"Open Access" – No Gatekeeper Primary Care: Japan is famous (some say infamous) for its **free-access medical system** with no mandatory general practitioner gatekeeper. Patients are free to consult **any medical institution of their choice without a referral**, regardless of the issue. There is no requirement to register with a family doctor, unlike in many Western countries. Practically, this means a patient can go straight to a specialist – if someone has a skin rash, they might directly visit a dermatologist; if an older patient has knee pain, they might go straight to an orthopedic surgeon. While Japan does have primary care physicians, they are not gatekeepers – they coexist with specialists, and patients self-refer as they see fit. One consequence of this system is that even specialists handle a broader range of case severities. A cardiologist in Japan might be managing routine hypertension and high cholesterol for some patients (cases that a GP might handle elsewhere), in addition to complex cardiac cases. For your research, this affects how you define physician segments: **generalist vs specialist roles are blurred.**

Japan historically did not even recognize general practice as a distinct specialty, though recently (2018) "General Practice" or "Family Medicine" has been introduced as a board-certified specialty. Still, most doctors choose to specialize in a particular organ or disease area, and the primary care system is underdeveloped. Many "primary care" clinics are run by doctors who are formally specialized (e.g., an internal medicine specialist who functions as a neighborhood primary care doctor). The absence of gatekeeping also leads to **high patient volumes** – patients often visit doctors frequently, even for minor issues, because access is easy. Japanese doctors have among the highest number of patient visits per doctor in the OECD. This implies that physicians may have very limited time per patient (a common scenario: a clinic physician might see 40–50 patients in a day in quick visits). This context is useful when analyzing research findings – for instance, if a Japanese doctor seems to favor a treatment that is quick to administer or a drug that doesn't require lengthy explanation to patients, it may be because their practice style is shaped by volume. As a researcher, be careful with questions that assume a gatekeeper system. For example, asking "How often do you refer patients to a specialist?" might confuse some Japanese clinicians – many specialists *are* the first-line doctors. Instead, you might ask a hospital-based specialist, "Do most of your patients come via referral or do some come directly without referral?" (In big hospitals, there

is an unofficial gatekeeping: large hospitals charge extra fees for walk-in patients without referral to discourage overuse. But even so, the principle stands that no formal GP referral is required by law).

Organ-Based Specialization: The Japanese medical training and practice system is oriented around specialties defined by organ or disease. Most physicians become **organ specialists or disease specialists** (such as cardiologists, nephrologists, neurosurgeons, etc.) rather than broad generalists. Historically, after medical school and initial residency, doctors joined a department (often at a university hospital) in a given specialty and stayed within that "Ikyoku" (departmental pool) for their career. Until recently, a doctor could advertise themselves as a specialist without strict national board certification, meaning many clinics might have a sign saying "Surgery" or "Dermatology" even if the doctor's formal training was slightly different. The government has been moving to standardize specialties, but the outcome is the same: from the patient's perspective and the doctor's identity, **the specialty is key**. There hasn't been a strong "general practitioner" identity until the new certification system, and even now, the number of certified GPs is relatively small compared to other specialists.

For market research, this means when you design screeners or segment physicians, you should **target by specialty explicitly**. If your US study targeted "Primary Care Physicians," for Japan you might need to translate that into specific categories like *internal medicine doctors in clinics*, or include certain specialties that handle primary care cases (for example, pediatricians for children, and internal medicine for adults). If your topic is highly specialized (say, oncologists), note that Japan further subdivides specialties – a "surgeon" in Japan might not treat cancer with drugs (that would be a medical oncologist or hematologist for chemo). Always verify the local medical terminology and scope of practice. For instance, what the US calls an OB/GYN might be two separate departments in Japan (Obstetrics and Gynecology are usually together, but some doctors focus on one). Psychiatry and neurology are separate; and something like "ENT" is known as otorhinolaryngology. Ensure your screener lists the correct Japanese specialty names, and don't assume a catch-all like "internal medicine" will include everyone – many internists subspecialize. Another implication of organ-based practice is that **multi-disciplinary care is less common** in outpatient settings. A diabetic patient might see an endocrinologist for diabetes and a cardiologist for hypertension separately, rather than one GP managing both – unless the patient stays at one clinic. So, if your research spans multiple conditions, you may need to interview multiple specialist types to get the full picture.

On the other hand, be aware of the **hospital vs clinic distinction**: hospital-based physicians (especially in large hospitals) often subspecialize further and focus on advanced cases, while clinic-based physicians (even if specialized) may treat more general cases too. This is why your screener might need to capture *practice setting* (hospital vs clinic) along with specialty. For example, a gastroenterologist in a university hospital might spend more time on endoscopic procedures and complex cases, whereas a gastroenterologist in a small clinic might do routine check-ups and treat common GI complaints. Both are "GI specialists" but their practice patterns differ due to the system structure.

Adherence to Clinical Guidelines: Japanese physicians are generally **highly guideline-driven**. Japan has its own set of clinical guidelines for most conditions (often produced by Japanese medical associations), and these guidelines are widely respected. In many cases, Japanese guidelines closely follow international ones, but sometimes with local adjustments (for example, certain drug dose differences or first-line treatments might differ due to what's approved or reimbursed in Japan). Doctors in Japan tend to follow these standard protocols closely and are less likely to deviate with experimental or personalized regimens compared to some of their US counterparts. Part of this is cultural – following the consensus is viewed as the right thing to do, and there is less of a culture of individual "maverick" practice. Another part is systemic – Japan's universal health insurance will **only reimburse approved drugs and indications**, which naturally enforces guideline-based treatment. Off-label prescribing (using a medication for an unapproved indication or patient group) is relatively **infrequent in Japan** because if it's off-label, the cost typically is not covered by insurance. Hospitals and clinics cannot be reimbursed by the national insurance for off-label uses, and if a patient suffers an adverse effect from an off-label use, they are not eligible for the government compensation programs that cover on-label adverse events. These factors create a strong disincentive for off-label prescriptions. It's not that off-label use never happens (in areas of urgent need or pediatrics, doctors sometimes have to use medicines off-label), but compared to the US, Japanese doctors are far more constrained and cautious about it.

Implications for research: If your study involves a product or concept that is not yet standard or on-label, expect Japanese physicians to be conservative in their feedback. For example, if you ask, "Would you prescribe Drug X (imagine it's not officially approved in Japan for that use yet) for condition Y?" a Japanese doctor might say flatly, "No, I would wait for approval" or "Only if it's in a trial." This is not them being unhelpful; it reflects a real barrier. Similarly, if exploring reactions to novel treatment guidelines or a new approach, remember that **consensus and authority carry weight**. If the concept you're testing contradicts current Japanese guidelines, physicians will point

that out. Many will say, "The guideline says we should do A, so I would be hesitant to do B." You can still get their opinions on B, but you may need to frame questions acknowledging the guideline context ("If evidence emerged and guidelines might change, how would you view B?"). On the positive side, the strong guideline adherence means that if your product or message aligns with guidelines or is in the process of being incorporated into guidelines, Japanese doctors will readily adopt it – they want to see the official endorsement.

Another characteristic is that **off-label uses or experimental therapies often get formalized through Japan's system rather than remaining informal.** Japan has had programs to approve drugs for off-label needed indications (so-called "public knowledge-based application" system) to bring them on-label. So, physicians often expect that if something is truly beneficial, the authorities will eventually approve it, and then they can use it. Patience and following procedure are ingrained.

Additionally, **clinical trial culture** in Japan has some differences: fewer doctors participate in clinical research compared to Western peers (though this is changing). Those who do are often in academia. So if your research involves discussing clinical trial experience or data interpretation, note that not every doctor will be as familiar with reading foreign trial data, etc., except those in teaching hospitals. They might rely more on pharmaceutical company drug information kits and domestic post-marketing studies for their knowledge. This ties back to guidelines – they wait for the guideline summary rather than interpreting raw data themselves, in many cases.

Example – Guideline adherence in practice: A Japanese neurologist treating epilepsy will almost strictly use medications that are approved in Japan for epilepsy. If a new drug is available in the US but not yet in Japan, they will seldom seek to import it or try it off-label; they will use the best option *within* the approved arsenal and perhaps enroll patients in a trial for the new drug. In contrast, an American neurologist might sometimes prescribe a not-officially-indicated drug off-label if they believe it's the best choice and can justify it. Understanding this mindset is crucial when interpreting Japanese physicians' willingness to try new things.

Finally, Japan's adherence to guidelines also means that **branding and marketing messages** often need to emphasize alignment with evidence and official recommendations. Physicians are less swayed by sheer promotion – they look for authority (e.g., "This is recommended by the Japanese Circulation Society") or proven track record. Keep this in mind if your research touches on product messaging: doctors may react positively to messages around clinical evidence and guideline inclusion, and negatively to anything that seems like speculation or hype.

Summary of System Differences: No gatekeeper and open access means specialists see wide-ranging cases; an organ-specialist model means targeting must be precise; and a conservative, guideline-led practice means less off-label, slower uptake of unproven innovations, but high consistency in care patterns. Also notable: **most hospitals are private and fragmented** (there's little central control of hospitals), which means standards can vary slightly by institution. And **physicians can practice in any location or specialty they choose** (there's no strict regional or specialty rationing), leading to urban concentration of specialists and some rural shortages. For research, if you need national representation, remember urban vs rural access issues – rural doctors might practice more generally due to fewer specialists around, whereas urban doctors might be hyper-specialized.

Understanding these system traits will help you design research instruments that make sense to Japanese physicians and interpret their feedback in the right context.

5. Recommendations for International Researchers

When adapting a US or European market research study for Japan, you should **localize every aspect** – from screening criteria to discussion guides – to fit Japan's unique healthcare context and cultural norms. Here are key recommendations and watch-outs:

Adapt the Screener to Japanese Context: A screening questionnaire designed for US physicians often contains assumptions that don't hold in Japan. Review each screener question critically:

- **Physician Type and Setting:** Replace broad terms like "primary care physician" with Japan-appropriate categories. For example, instead of "PCP or General Practitioner," you might screen for *internal medicine doctors in outpatient clinic practice*, or *general practitioners (家庭医/総合診療医) if available*, or even consider including certain specialists who act as primary care (e.g., some gastroenterologists or surgeons who serve as general doctors in rural areas). If the study requires **hospital vs non-hospital**, use terms like *hospital-based physician* (勤務医) vs *clinic director* (開業医). Remember that "private practice" in the US usually implies outpatient clinic; in Japan, that would be captured by *clinics (iin)* which are often physician-owned. Also consider the bed count criteria: if you intend to include only those in large hospitals, you might explicitly say "practicing in a hospital with 100+ beds" or "in an advanced treatment hospital" to get the university hospital crowd.

- **Title and Seniority:** The hierarchy means a professor or department head might have a very different perspective (and schedule) than a staff physician. If your research can benefit from a mix, decide if you need quotas for heads of department vs attending physicians. In the US screener you might not ask this, but in Japan it could be relevant. However, be mindful: many senior doctors might decline research participation due to time, so often you end up with mid-career staff. If that's acceptable, no need to over-specify titles. If you specifically need decision-makers (e.g., for hospital formulary decisions), then you must target the chiefs or committee members, and it's best to involve a recruiter who can identify those individuals.

- **Patient Volume or Caseload Metrics:** If you ask "How many patients do you see in a week?" or "How many surgeries do you perform a month?", be prepared for different scales. Japanese doctors often see a higher number of outpatients but shorter visits. A generalist in Japan might see *hundreds* of patients in a week (especially if counting repeat visits), which is far above a typical US family doctor. Conversely, a surgeon in Japan might perform

fewer big surgeries individually because cases are distributed among team members. It might be wise to frame volume questions relatively ("low/medium/high") or ensure the ranges capture the high end. For instance, if a US survey's highest bracket was "30+ patients per day," you might need a bracket like "50+ patients per day" for Japan. This prevents skewing data or wrongly filtering out the busiest doctors (who might all select the top category). When unsure, consult local data or recruiters about realistic numbers.

- **Therapeutic Category Experience:** Make no assumptions about roles like nurse practitioners or physician assistants (which are nearly nonexistent in Japan) – if your US screener asked if the physician "supervises NPs/PAs" or delegates tasks, remove those, as Japanese doctors directly handle tasks or work with nurses in a different capacity. If your criteria involved "writes at least X prescriptions of [Drug] per month," consider that Japanese doctors prescribe and dispense medications differently. Some clinic physicians dispense drugs on-site (a common practice), so they might not think in terms of "prescriptions written" but rather patients treated with a drug. Also, certain drugs might not be available in Japan or have different brand names – double-check all drug names and replace with the Japanese brand or generic name that doctors will recognize.

- **Screening for Willingness/Openness:** Sometimes screeners include attitudinal qualifiers (e.g., "Must be open to new treatments" or "not an exclusive contractor for X company"). These are tricky in Japan – it's better to avoid subjective self-assessment in a screener, as many Japanese will shy away from rating themselves or may all just say the socially desirable thing. Instead, consider proxy criteria. For example, if you want "early adopters," in the US you might ask "do you consider yourself an early adopter?" In Japan, you might ask if they have participated in any clinical trials or attend international conferences – behaviors that correlate with being up-to-date. Work with local experts to refine these.

Localize the Discussion Guide/Questionnaire: Directly translating an English discussion guide into Japanese is not enough; you must also localize the content and flow:

- **Clarify Context:** Provide contextual information in questions where needed. A question that in the US assumes knowledge of a healthcare system element might confuse Japanese doctors. For example, a guide question like, "How do payers influence your prescribing of expensive medications?" In Japan, "payers" (as in insurance companies) do not play the same active formulary management role as in the US – the national insurance fee schedule dictates coverage, and there is uniform pricing. A Japanese doctor might

answer such a question in terms of patient copay burden or hospital reimbursement committees. You should rephrase it to, for instance, "In Japan, insurance will cover approved drugs at set prices. Is cost or hospital budgeting a factor that influences your prescribing of expensive medications?" This way, you acknowledge the system difference (no private payer dictating usage, but cost can still matter in other ways). Essentially, **remove or reframe any US-centric assumptions** (like references to Medicare, HMOs, malpractice litigation, etc., unless you are specifically studying those topics in Japan).

- **Use Japanese Examples and Units:** If the guide references things like distance ("miles") or temperature ("Fahrenheit") or even medical units ("mg/dL" vs "mmol/L"), convert them to what's standard in Japan (kilometers, Celsius, mg/dL is fine in Japan for labs, but always check local lab unit conventions). If you mention clinical guidelines, use the Japanese guideline names if they exist, or at least recognize that the doctor might be thinking of a Japanese publication. For instance, instead of asking broadly about "global guidelines," you might say "Japanese Diabetes Society guidelines (or international if they use ADA) – which do you follow more?" This makes the conversation more tangible for them.

- **Avoid Idioms or Cultural References:** An English guide might have some analogies or phrases that don't translate well. For example, asking a doctor "Do you ever feel like you're **stuck between a rock and a hard place** with treatment choices?" – such idioms should be translated to a more straightforward expression ("ever feel you have no good option or face a dilemma"). Keep language simple and clear in translation, because nuance can get lost or misinterpreted. Japanese communication in professional settings tends to be less colloquial. It's good to have the guide translated by someone experienced in medical research translation, and possibly back-translated to ensure the meaning is preserved.

- **Probe for Local Practices:** Add probes to the guide that are specific to Japan's context. For example, if researching a drug, you might add a question, "Are you aware if this drug is reimbursed in Japan without restrictions, or do any hospital committees influence its use?" In Japan, many large hospitals have Drug & Therapeutics Committees that decide if a new drug will be stocked; it's not a question in the US usually, but in Japan a doctor might say "I would use Drug X, but my hospital hasn't added it to the formulary yet." Including such probes (or at least being prepared to discuss them) makes the conversation more relevant. Another example: for a device research, ask about "demos by medical device sales reps" – in Japan, sales reps (called *MR* for pharma, *MS* for devices) often attend procedures to support. This might be a factor in adoption that a US guide overlooks.

- **Time Management in Guide:** Japanese physicians, as mentioned, often have only the allocated time and may be less likely to run over or continue chatting once time is up (politeness but also strict schedules). So, structure your discussion guide to prioritize the most important questions early in case time runs short. Sometimes cultural differences in pacing occur – a Japanese interview might have slightly longer pauses or the need for translation, etc., which eats time. Plan for slightly fewer questions of depth rather than many rapid-fire questions. It's better to get thoughtful answers on key points than superficially rush through a lengthy guide that worked in the US. If doing surveys, keep them concise; a Japanese doctor might abandon a survey that appears too long or repetitive.

Key Watch-Outs (Avoiding Assumptions Based on US/European Experience):

- **Don't assume willingness to criticize or "think aloud."** In many Western interviews, if a concept or product seems flawed, the physician will readily enumerate criticisms. In Japan, a doctor might not voice strong criticism unprompted. They could simply say little or give a neutral response. This doesn't mean they have no opinion – they are just being polite. So you or your moderator must gently ask for negatives: "What concerns would you have about this approach?" or "Some doctors have pointed out downsides such as XYZ – how do you feel about those?" Give permission for them to disagree. Otherwise, you risk wrongly interpreting silence or mild comments as acceptance. **Watch-out:** If you show them a product concept and they respond, "Ah, I see," and nod, that is not a confirmation of enthusiasm – you need to ask follow-ups to gauge interest.

- **Don't equate Japanese physicians' silence with lack of knowledge.** If a doctor is quiet or gives short answers, it might be that they are being careful or modest. In some cases, they may indeed not know (and in Japanese culture, admitting "I don't know much about that" is a bit embarrassing, so they might go quiet). To differentiate, you can phrase knowledge questions in a non-personal way. Instead of "Do you know about [detailed aspect]?", ask "Have you had much exposure to [aspect]? It's fine if not – we're asking because not everyone has." This lets them off the hook to say, "No, I haven't, actually." The watch-out here is to avoid making them feel ignorant; otherwise they might give an answer they think you want to hear.

- **Avoid assuming U.S./EU treatment patterns apply.** Always sanity-check any premise. For example, if a European guide assumes "Drug A is second-line after Drug B fails," verify if in Japan Drug A might actually be first-line or not used at all. There have been instances where a global team was surprised in interviews because Japanese doctors said they rarely use Drug A – it turned out Drug A wasn't even approved in Japan yet or only recently approved. So do your homework on Japan-specific drug approvals, brand names, typical treatment algorithms (often obtainable from Japanese clinical guidelines or publications). Another common assumption pitfall: vaccination schedules, screening practices, insurance approval processes – these can differ widely. A question like "How do prior authorizations affect your prescribing?" would fall flat in Japan (they don't have the same prior authorization system).

- **Be mindful of different healthcare roles.** In many Western countries, nurses or physician extenders play a big part in patient education, follow-ups, etc. In Japan, nurses have a more narrow role (they do not prescribe or make independent clinical decisions; they mostly assist and do inpatient care, injections, etc.). So if your discussion guide asks, "How do you involve nurses or case managers in patient counseling?" you might get confusion. You may need to ask, "Do you yourself provide most of the patient guidance, or do nurses/health educators assist in any way?" (In Japan, some large hospitals do have certified diabetes educators, etc., but it's a specific question.) Similarly, if in a survey you plan to ask how many PAs or NPs a doctor works with – that question simply doesn't apply in Japan.

- **Local Language Nuances:** Ensure translation quality for any patient or product materials shown to physicians. They will notice awkward translations or unnatural Japanese, which can undermine the credibility of your concept. This is especially important if you are testing marketing messages or product brochures. A poorly translated tagline might confuse

doctors and elicit negative feedback that's not actually about the concept but about the wording. So invest in professional medical translation and, if possible, have a few friendly Japanese doctors or medical staff review materials for clarity before fieldwork. That way, the feedback you get is truly about the content, not lost in translation.

- **Logistics and Etiquette:** If client observers will join interviews (even via video), brief them on Japanese business etiquette. For instance, instruct them to dress professionally (if on camera) and to avoid calling the doctors by first name. If they are in the room, exchanging business cards is standard at first meeting – have business cards ready (with a Japanese side if possible). Little things like this go a long way in showing respect and building rapport. An international observer who understands when to stay quiet and let the moderator handle the flow (versus jumping in with questions, which might disrupt the careful dynamic) is also important. So, align on that: perhaps agree that questions from observers will be funneled through the moderator.

- **Timing and Holidays:** As a watch-out, plan your fieldwork dates around Japanese holidays and peak periods. For example, **Golden Week (late April–early May)** is a cluster of holidays when many doctors take vacations – recruiting then will be difficult. Similarly, around **New Year (late December to early January)** most clinics and many hospital departments slow down or close for the break. Mid-August (around **Obon** festival) is another period many people take off. Try to avoid these times for scheduling interviews or you'll face a lot of unavailability. If you must conduct fieldwork in those windows, schedule well in advance or concentrate on doctors who might not be able to take off (like junior hospital doctors – though they too get some holidays). Being mindful of the local calendar shows professionalism and will improve your success rate.

- **Respondent Respect – "The respondent is God."** As one expert put it, in Japan the customer or guest is "God"– in research, the respondent is essentially your customer. This means going the extra mile to make participation easy and pleasant. Don't make them jump through hoops to participate (complicated login, excessive paperwork). Be very clear and organized in communication. If sending any pre-read or homework, provide it in Japanese and in a concise format. And absolutely honor the time limits and incentive promises you made – start on time, end on time, and pay promptly. Any deviation (like making a doctor wait in a Zoom lobby for 15 minutes, or delaying incentive payment) can sour their experience and your reputation. Japanese physicians talk within networks, and you don't want a bad rep that "that overseas company's study was a hassle." The goal is to have them feel respected and willing to help again.

In conclusion, adapting your approach for Japan is not just translating language but translating culture. By recognizing the differences in Japan's healthcare system and physician expectations, and by implementing the recommendations above, overseas research teams can run studies in Japan that are **smooth, compliant, and yield high-quality insights**. Many international companies have succeeded in Japan by localizing their market research in this way – for instance, adjusting recruitment to get the right mix of doctors, and tweaking discussion techniques to get candid feedback. With thorough preparation and the right local partners, you can gain invaluable understanding of Japanese physicians' perspectives. Japan's medical market is unique, but with this guide, you are better equipped to navigate its challenges and make your physician research project a success. Good luck (頑張ってください) with your studies in Japan and remember that empathy and cultural respect are your best tools in this endeavor.